

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *51-B*

## CERTIFICATE OF DEATH

Reg. Dist. No. *252*

### 1. PLACE OF DEATH:

County.....*Queen Anne*  
City or town.....*Longside*  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?.....*Progress*  
Hospital, institution, or street address where death occurred:  
.....  
How long in hospital or institution?.....

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State.....*MD* County.....*Queen Anne*  
City or town.....*Longside*  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....

### 3. (a) FULL NAME

*J. Percy Bittle*

### 3. (b) Social Security Number

4. Sex.....*m* 5. Color or race.....*W.* 6.(a) Single, married, widowed, or divorced.....*(Married)*

6.(b) Name of husband or wife.....*Miss Edna Bittle*  
6.(c) If alive, give age.....*55* years  
7. Birth date of deceased (mo., day, yr.).....*Feb. 25<sup>th</sup> 1882*

8. AGE: Years.....*64* Months.....*6* Days.....*23* If less than one day.....hrs. ....min.

9. Birthplace.....*Phila Pa*  
(Town, county, and state)

10. Usual occupation.....*Merchant*

11. Industry or business.....

12. Name.....*George W. Bittle*

13. Birthplace.....*Phila Pa*

14. Maiden name.....*Mary Springer (Bittle)*

15. Birthplace.....*Phila Pa*

16. Informant.....*Miss Edna Bittle (wife)*

Address.....*Longside: Md.*

17. Burial, cremation, or removal.....*Buried* Date thereof.....*22-9-46*  
(month) (day) (year)

Cemetery or crematory.....*Deaton Cemetery*

Location.....*Deaton, Md.*

18. Funeral director.....*J. Edgar Moore & Son*

Address.....*Deaton, Md.*

19. Date rec'd by registrar.....*Sept. 18-46*

Registrar.....*Elic Armstrong*

### MEDICAL CERTIFICATION

20. DATE OF DEATH.....*Sept. 18* 19*46*, at.....*3:20 P.M.*

21. CERTIFY that death occurred on the date above stated; that I attended deceased from.....*May 1<sup>st</sup> 1946* to.....*Sept. 18 1946*  
and that I last saw him.....alive on.....19.....

Immediate cause of death.....*Coronary Thrombosis*

Due to.....*Heart*

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE.....*H. J. McArthur*

Address.....*Antietam, Md.*

Date signed.....*9/19/46*

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
OCT 3 1946  
U.S. AIR FORCE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-2

## CERTIFICATE OF DEATH

Reg. Dist. No.

12352

### 1. PLACE OF DEATH:

County Queen Anne  
City or town Queen Anne  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 1 yr.  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Queen Anne  
City or town near Ridgely  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Harry Leslie Howells

### 3. (b) Social Security Number

218-03-4032

4. Sex male 5. Color or race White 6.(a) Single, married, widowed, or divorced married

8.(b) Name of husband or wife Cora Estelle Howell

8.(c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Sept. 4 - 1904

8. AGE: Years 42 Month 0 Days 7 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace near Ridgely, Md  
(town, county, and state)

10. Usual occupation Farm work

11. Industry or business \_\_\_\_\_

12. Name John Howell

13. Birthplace don't know

14. Maiden name Addie Ball

15. Birthplace don't know

16. Informant Cora Estelle Howell

Address Ridgely, Md

17. Burial, cremation, or removal Buried Date thereof 9/14/1946  
(month) (day) (year)

Cemetery or crematory Hillbros

Location Hillbros Md

18. Funeral director Raymond B. Pawling

Address Greensboro Md

19. Sept. 15 - 1946 Oliver Armstrong  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11 - 1946 at 2 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Result of auto accident

Due to Broken neck

Due to \_\_\_\_\_

Other conditions Cuts & lacerations

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Auto accident Date of Sept 11 - '46

Where did injury occur? near Queen Anne Md  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE W. H. Fisher

Physician M. D. \_\_\_\_\_

Address Centerville Md Date signed Sept 11 - 1946

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 16 1946  
BUREAU V 8

*James P. Morgan*  
ARTISTIAN LEADER  
FOR COMMENT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 726

09262

## CERTIFICATE OF DEATH



Reg. Dist. No. 251

## 1. PLACE OF DEATH:

County Prince George's  
 City or town Greenbelt  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 days  
 Hospital, institution, or street address where death occurred:  
St. Anne's Hospital, Greenbelt  
 How long in hospital or institution? 2 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Prince George's  
 City or town Greenbelt  
 (If outside city or town limits, write RURAL and give nearest town)  
 (If rural, give LOCATION)  
 2.(c) If veteran, name war ✓

## 3. (a) FULL NAME

Alberta E. Johnson

## 3. (b) Social Security Number

✓

4. Sex Female 5. Color or race Caucasian 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Spencer Johnson

7. Birth date of deceased (mo., day, yr.) April 7, 1893 6.(c) If alive, give age, years 46

8. AGE: Years 52 Months 4 Days 29 If less than one day hrs. min.

9. Birthplace Jefferson, Va. (Town, county, and state)

10. Usual occupation Public Health Nurse

11. Industry or business Public Health Nurse

12. Name Alberta E. Johnson

13. Birthplace Jefferson, Va.

14. Maiden name Robertson

15. Birthplace Jefferson, Va.

16. Informant Spencer Johnson

Address Greenbelt, Md.

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof Sept. 23, 1946 (month) (day) (year)

Cemetery or crematory Roseville Cem.

Location Roseville Ind.

18. Funeral director Edgar R. Lane

Address Church Hill Ind.

19. 9-21 46 Edgar R. Lane (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20, 1946 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 15, 1946 to Sept 20, 1946

and that I last saw him alive on Sept 19, 1946

Immediate cause of death Myocardial Infarction

Due to Coronary Heart Disease

Other conditions Chronic Hypertension

(Include pregnancy within 8 months of death)

Major findings of operations ✓

Date of op. ✓

Autopsy results ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE Spencer Johnson M.D. or other

Address Greenbelt, Md. Date signed Sept 21, 1946

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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OCT 7 1946

BUREAU V.B.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 926

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:  
 County Prince Georges  
 City or town Church Hill  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 years  
 Hospital, institution, or street address where death occurred:  
None  
 How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants, give residence of mother)  
 State Maryland County Prince Georges  
 City or town Church Hill  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. None  
 (If rural, give LOCATION)  
 2.(a) Is veteran, name war. ✓

3. (a) FULL NAME  
Joseph Emma Massey

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Samuel Massey

7. Birth date of deceased (mo., day, year) Aug 28 1861 6. (c) If alive, give age 83 years

8. AGE: Years 82 Months 7 Days 19 If less than one day hrs. min.

9. Birthplace Church Hill Md.  
 (Town, county, and state)

10. Usual occupation None

11. Industry or business None

12. Name Joseph Emma Massey

13. Birthplace Church Hill Md.

14. Maiden name Lydia Moore

15. Birthplace Church Hill Md.

16. Informant Edgar L. Lane

Address Church Hill Md.

17. Burial Date thereof Sept. 20 1946

(Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory Church Hill

Location Church Hill Md.

18. Funeral director Edgar L. Lane

Address Church Hill Md.

19. Sept. 18 1946 Registrar Edgar L. Lane

(Date rec'd by registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1946 at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 16 46 to Sept 17 46

and that I last saw her alive on Sept 17 46

Immediate cause of death Myocardial Infarction DURATION 1 hr

Due to Coronary Artery Disease

Due to High Blood Pressure

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations None

Antopsy results None Date of op. None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of None

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None

Means of injury None Injured at work? None

23. SIGNATURE Joseph E. Massey M.D. or other None

Address Church Hill Date signed Sept 17 46

MARGIN RESERVED FOR BINDING

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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 25 1946  
BUREAU V 8



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-2

## CERTIFICATE OF DEATH

09264

Reg. Dist. No. 251

## 1. PLACE OF DEATH:

County MontgomeryCity or town Rockville  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State MD County PA.City or town Rockville  
(If outside city or town limits, write RURAL and give nearest town)Street No. 1111  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

John Pascharey

## 3. (b) Social Security Number

4. Sex

M.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

8. (b) Name of husband or wife

Don't know6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

Don't know

8. AGE:

Years

Months

Days

If less than one day

68

hrs. min.

8. Birthplace

MD  
Liberty  
(Town, county, and state)

10. Usual occupation

Liberty

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal of body?)

Date thereof

Sept. 21-1946  
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

Sept. 18 46

19. 46

Edgar L. Lane  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18 46 at 7 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 18 46 to Sept. 18 46  
and that I last saw him alive on Sept. 18 46

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

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SEP 25 1946

BUREAU V B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 09265 251

1. PLACE OF DEATH: *Queen Anne*  
 County.....  
 City or town *near Church Hill*  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State *MD* County *Queen Anne*  
 City or town *near Church Hill*  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name was .....

3. (a) FULL NAME *Norma Jean Rhodes*

3. (b) Social Security Number

4. Sex *Female* 5. Color or race *White* 6.(a) Single, married, widowed, or divorced *Single*  
 6.(b) Name of husband or wife .....  
 6.(c) If alive, give age ..... years  
 7. Birth date of deceased (mo., day, yr.) *Aug 16 - 1946*  
 8. AGE: Years Months Days It less than one day  
*15* ..... hrs. .... min.

9. Birthplace *24 Eo Kent & Queen Anne*  
 (Town, county, and state) *MD*

10. Usual occupation *None*

11. Industry or business

FATHER 12. Name *Harry B. Rhodes*

13. Birthplace *MD*

MOTHER 14. Maiden name *Helen Ross*

15. Birthplace *MD*

16. Informant *Mrs Harry B Rhodes*

Address *1374 Centerville MD*

17. *Burial* Date thereof *Sept 2 1946*

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Centerville Cem.*

Location *Centerville Md.*

18. Funeral director *Edgar D. Lane*

Address *Church Hill Md.*

19. *Sept 1* 19 *46* *Edgar D. Lane*

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH *Sept 1 -* 19 *46* at *5-A* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Aug 28* 19 *46* to *Sept 1 -* 19 *46* and that I last saw him alive on *Aug 31 -* 19 *46*

Immediate cause of death *Emphysema*

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

..... Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE *W. Henry Frohner*

Address *Centerville MD* M. D. or other

Date signed *9/2/46*

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SEP 13 1946  
BUREAU V.B.